

Work Order ID 116961

April-24-14 8:45:41 AM

\*116961\*

Page 1

Item ID: D3018-1

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Seat Cushion

Start Date: 4/28/14 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 4/28/14 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals: Process Plan: MJS

Date: 14-04-28

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

D3018

B

100

0.00

\*100\*

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: 23972

Possible supplier: Chestnut Ridge Airflex fire-resistant aircraft cushioning

Order: Grade 55.65 (colour orange), Density 3.6lb/ft<sup>3</sup>

Material must meet FAR 27.853(a) or 25.853(a)

Part is symmetric about centerline-All dimensions

CZ 14/04/28 (4)

110

0.00

\*110\*

Packaging

Packaging

Memo

0.00

Packaging

Ensure Material Release Note is attached

P 14/04/20 (4)

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 116961

April-24-14 8:45:41 AM

\*116961\*

Page 2

Item ID: D3018-1 Accept \*N900040100\* Setup Start \*NS1\*

Revision ID: Stop \*NS2\*

Item Name: Seat Cushion

Start Date: 4/28/14 Start Qty: 4.00 \*4\* Cust Item ID:

Required Date: 4/28/14 Req'd Qty: 4.00 \*4\* Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

120	QC6- Inspect dimensions to drawing	0.00				4			
*120*									
QC	Memo	0.00							
Quality Control	*****REMOVE "CHESTNUT FOAM" LABEL AND ATTACH TO WORK ORDER FOR TRACEABILITY*****								

130	Identify as per dwg & Stock Location: ST196A	0.00				4x			
*130*									
Packaging	Memo	0.00							
Packaging									

140	QC21- Final Inspection - Work Order Release	0.00							
*140*									
QC	Memo	0.00							
Quality Control									

MLJ 14-05-26

MLJ 14-05-23

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
--	--	---	--

# Picklist Print

April 24-14 8:45:44 AM

Page 1

Work Order ID: 116961

**\*116961\***

Parent Item: D3018-1

**\*D3018-1\***

Parent Item Name: Seat Cushion

Start Date: 4/28/14

Required Date: 4/28/14

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: B01.06.08Removed acid etch & alodine EC  
11.08.08 added note per NCR 11-588 DD VERF:EC

IPP REV:C

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3018-1P		Purchased		No		110	Each	0.0000	1	4			
<b>*D3018-1P*</b>									<b>**</b>				
Seat Cushion													

*Poly/0/20 (7)*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
--	--	---

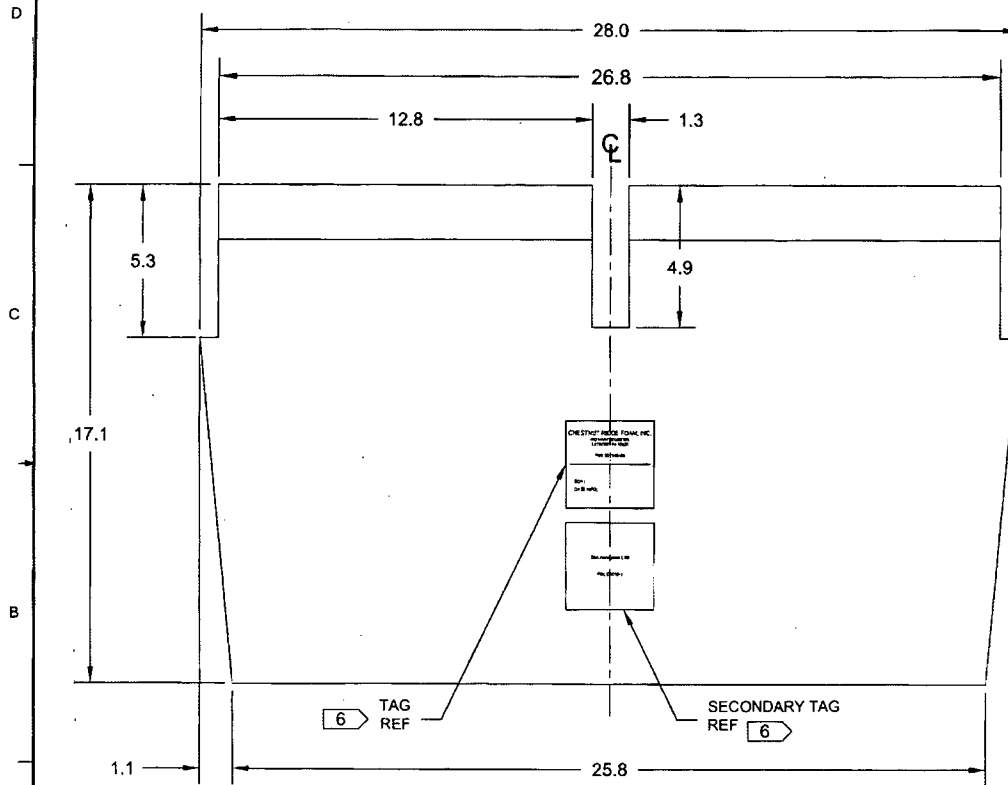
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
--	--	---	--

# SPECIFICATION CONTROL DRAWING

TABLE 1							
THICKNESS/ HEIGHT	TOLERANCE		LENGTH/ DEPTH	TOLERANCE		WIDTH (LEFT TO RIGHT)	TOLERANCE
(+)	(-)	(+)	(-)	(+)	(-)	(+)	(-)
0.0 - 0.50	0.05	0.05	0.00 - 6.00	0.05	0.05	0.00 - 6.00	0.05
0.51 - 1.00	0.13	0.05	6.01 - 12.00	0.13	0.13	6.01 - 12.00	0.13
1.01 - 3.00	0.13	0.05	12.01 - 24.00	0.25	0.25	12.01 - 24.00	0.25
3.01 +	0.19	0.13	24.01 +	0.50	0.38	24.01 +	0.50



**D3018-1 SEAT CUSHION**

## NOTES:

- 1) MATERIAL: MUST MEET FAR 27.853(a) OR 25.853(a)  
AIRFLEX FIRE-RESISTANT AIRCRAFT CUSHIONING  
GRADE 55-65 (COLOUR ORANGE)  
DENSITY 3.6 lb/ft<sup>3</sup>
- 2) FINISH: NONE
- 3) TOLERANCES: PER TABLE 1
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A

6) IDENTIFICATION: TAG(S), BURNED, TO SHOW THE FOLLOWING AT MINIMUM:

CHESTNUT RIDGE FOAM, INC.  
443 WAREHOUSE DR.  
LATROBE, PA 15650  
SO#  
DATE MFD:  
DART AEROSPACE LTD. P/N D3018-1

7) PART IS SYMMETRICAL ABOUT CENTERLINE

8) MAKE PER TEMPLATE

9) POSSIBLE SUPPLIER: CHESTNUT RIDGE P/N 502148-99

116961 MJS  
14.0428

RELEASED  
2011-05-10

B	UPDATE TO CURRENT STD; DRAWING REVISED IAW CHESTNUT RIDGE MFG DWG. REF: NCR11-588	MB	11.05.10
A	NEW ISSUE	CP	01.05.18
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	11.05.10		

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. REV. B  
D3018 SHEET 1 OF 1

TITLE SCALE  
SEAT CUSHION NTS

COPYRIGHT © 2001 BY DART AEROSPACE LTD  
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS  
NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT  
WRITTEN PERMISSION FROM DART AEROSPACE LTD.



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO23972**

Purchase Order Date 4/28/2014

PO Print Date 4/28/2014

Page Number 1 of 2

**Order From :**

VU-CHE001

**Ship To :** DART AEROSPACE LTD

CHESTNUT RIDGE FOAM, INC.  
PO BOX 6015  
HERMITAGE, PA 16148  
US

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAKED**  
CO 4/10/128

**Contact Name**

**Vendor Phone** 724 537 9000

**Ship To Contact**

**Ship To Phone**

**Ship Via:** FedEx PI collect

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Terms** Net 30

**Currency** USD

**FOB** Destination-Collect

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	D3018-1P  AS PER DWG D3018 REV. B B116961	Seat Cushion	5/14/2014 Yes 5/14/2014		4.00 Each	\$60.40	\$241.60
Line Total:							\$241.60
2	D3019-1P  AS PER DWG D3019 REV. B B117042	Back Cushion	5/14/2014 Yes 5/14/2014		4.00 Each	\$46.77	\$187.08
Line Total:							\$187.08

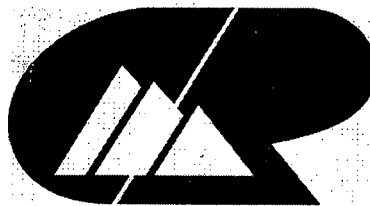
**Note:**

4/28/2014



Chestnut Ridge Foam, Inc.  
443 Warehouse Drive  
P.O. Box 781  
Latrobe PA 15650

Phone: 724-537-9000  
Fax: 724-537-9003



**Pack Slip: 62431**

**Packing Slip**

Page: 1 of 1

**Ship To:** Fed Exp #1517-9324-0  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury ONTARIO, CANADA K6A 1K7

**Phone:** 613-632-3336  
**Fax:** 613-632-1053

**Sold To:** Chantal Lavoie Fax#: 613-632-1053  
Dart Aerospace Ltd.  
1270 Aberdeen Street  
Tel: 613-632-3336  
Hawkesbury ONTARIO, CANADA K6A 1K7

**Phone:** 613-632-3336  
**Fax:** 613-632-1053

Ship Date: 5/19/2014

F.O.B.: Origin

Ship Via: Fed Exp Int P1

PO Line	Part Number/Description Planned Qty	Shipped Qty	Rev	PO Line
---------	--	-------------	-----	---------

**Sales Order: 49786**

**Your PO: PO23972**

**Salesperson: Aircraft**

Line 1 Rel 1

D3018-1P

AIRFLEX Bottom Cushion  
4.00 EA

4.00 EA

**Our Part: 502148-99**

Line 2

Rel 1

D3019-1P

AIRFLEX Back Cushion  
4.00 EA

4.00 EA

**Our Part: 601988-99**

CONTACT CHESTNUT RIDGE FOAM IF THERE IS DAMAGE OR DISCREPANCIES 724-537-9000



**Chestnut Ridge**  
Foam, Inc.

## Certificate of Conformance

### SOLD TO:

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury  
Ontario CANADA K6A 1KS

PURCHASE ORDER: PO23972

SALES ORDER: 49786

DATE SHIPPED: 05.19.2014

**"URGENT! FLAMMABILITY CERTIFICATION  
ENCLOSED. PLEASE FORWARD TO  
PURCHASING. DO NOT THROW AWAY!"**

*I certify that the individual components comprising the part shipped  
against the above-referenced purchase order meets the following  
requirements:*

14 CFR 25.853(a), APPENDIX F, PART 1(a)(1)(ii), AMENDMENT 25-116

Quantity	Customer Part Number	CRF Part Number	Material	Batch Number
4	D3018-1P	502148-99	AIRFLEX 55-65	AF14008
4	D3019-1P	601988-99	AIRFLEX 30-40	AF14006

**MADE IN THE U.S.A**

**Grace Harr**

Digitally signed by Grace Harr  
DN: cn=Grace Harr, o=Chestnut Ridge Foam,  
Inc., ou, email=crfqc@chestnutridgefoam.  
com, c=US  
Date: 2014.05.19 09:52:33 -04'00'

❖ 443 Warehouse Drive Latrobe, PA 15650  
❖ Phone: 724-537-9000 Fax: 724-537-9003

**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15257**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

---

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF14008  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 55-65

---

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

---

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : ORANGE

CONDITIONING STARTED : DATE : 3-19-14  
TIME : 10:30 AM

TEST STARTED : DATE : 3-20-14  
TIME : 12:25 PM

---

**RESULTS :**

	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.7
#2.	0.0	0.0	3.5
#3.	0.0	0.0	3.8
AVG.	0.0	0.0	3.7

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
LAB TECHNICIAN



**CHESTNUT RIDGE FOAM INC.**  
**VERTICAL BURN TEST # 15235**  
**12-SECOND VERTICAL BUNSEN BURNER TEST**  
**FOR CABIN AND CARGO COMPARTMENT MATERIALS**  
**SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT : CR AIRFLEX  
BATCH / LOT NO : AF14006  
CUSTOMER : PRODUCTION  
P.O. NO :  
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME  
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 2-25-14  
TIME : 9:30 AM

TEST STARTED : DATE : 2-26-14  
TIME : 11:10 AM

**RESULTS :**

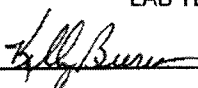
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	5.3
#2.	0.0	0.0	5.4
#3.	0.0	0.0	5.2
AVG.	0.0	0.0	5.3

PASS : X      FAIL :

**COMMENTS :**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,  
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES  
LAB TECHNICIAN

  
\_\_\_\_\_

**CHESTNUT RIDGE FOAM INC.  
VERTICAL BURN TEST # 15058  
12-SECOND VERTICAL BUNSEN BURNER TEST  
FOR CABIN AND CARGO COMPARTMENT MATERIALS  
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT: TICKING FR 4440 FABRIC

BATCH / LOT NO.: 9744

CUSTOMER: PRODUCTION

P.O. NO:

OTHER IDENTIFICATION: SUPPLIED BY: HANES CONVERTING CO. OF CONOVER, NC  
ON INVOICE #62-134424

TEST BEING RUN: VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F: YES

MATERIAL COMPOSITION: NA

MATERIAL PATTERN: WOVEN

MATERIAL COLOR: TAN

CONDITIONING STARTED: DATE: 9-16-13  
TIME: 9:00 AM

TEST STARTED: DATE: 9-18-13  
TIME: 10:20 AM

**RESULTS:**

	FLAME TIME (SECONDS)		DRIPPINGS (SECONDS)		BURN LENGTH (INCHES)	
	WARP	FILL	WARP	FILL	WARP	FILL
#1.	0.0	0.0	0.0	0.0	3.7	3.9
#2.	0.0	0.0	0.0	0.0	3.8	3.6
#3.	0.0	0.0	0.0	0.0	3.9	3.6
AVG.	0.0	0.0	0.0	0.0	3.8	3.8

PASS: X FAIL:

**COMMENTS:**

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853, PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY: KELLY BURES  
SR. LAB TECHNICIAN

CORPORATE OFFICE  
500 N. McLin Creek Rd.  
P. O. BOX 457  
CONOVER, NC 28613-0457  
PHONE (828) 464-4573  
FAX (828) 464-0459



**INVOICE**

PLEASE REMIT TO:  
HANES ENGINEERED MATERIALS  
L&P FINANCIAL SERVICES CO.  
P.O. BOX 60984  
CHARLOTTE, NC 28260

**SOLD TO**  
CHESTNUT RIDGE FOAM  
ROUTE 981 NORTH  
PO BOX 781  
LA TROBE, PA 15650

**SHIP TO**  
CHESTNUT RIDGE FOAM  
ROUTE 981 NORTH  
PO BOX 781  
LA TROBE, PA 15650

INVOICE NUMBER 62-134424	INVOICE DATE 9/11/2013	TERMS NET 30	CARRIER USF HOLLAND INC	ROUTING PER CUSTOMER REQUEST 5/17/01	197000
CUSTOMER NO. 15985	CUSTOMER ORDER NO. 31978	BLS. MONTHS 65	ORDER DATE 9/06/2013	CONOVER, NC	DAY8
PRODUCT 30333		WIDTH 40.000	DIM-2	DESCRIPTION TICKING FR 4440	PUTUP 100 RL CC 2T
CERTIFICATION: THE SELLER DOES NOT CERTIFY, EITHER IMPLICITLY OR EXPLICITLY, THESE PRODUCTS TO MEET THE REQUIREMENTS OF ANY REGULATORY AGENCY OR SPECIFICATION EXCEPT AS MAY BE CERTIFIED ABOVE OR UNDER SEPARATE WRITTEN CERTIFICATION. ALL TRANSACTIONS ARE SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE.		USF HOLLAND INC PRD# 10750581037			
QUANTITY 5.032	LN	PRICE	AMOUNT		

15985

ORIGINAL

214 THE LAWS OF THE STATE OF NORTH CAROLINA SHALL GOVERN THIS TRANSACTION. A LATE PAYMENT CHARGE AT A PER ANNUM RATE EQUAL TO THE PRIME RATE OF THE CHASE MANHATTAN BANK, N.A. IN EFFECT ON THE FIRST DAY OF EACH MONTH PLUS 2% OR 18% PER ANNUM, WHICHEVER RATE IS HIGHER, WILL BE IMPOSED ON THE FIRST OF EACH MONTH ON ALL PAST DUE INVOICES PAID DURING THE MONTH.

TOTAL INVOICE  
AMOUNT

PAGE 1 LAST 41469

CHESTNUT RIDGE FOAM, INC.

443 WAREHOUSE DR.  
LATROBE, PA 15650

P/N: 502148-99

SO# : **49786**  
DATE MFD: **05/14**



CHESTNUT RIDGE FOAM, INC.

443 WAREHOUSE DR.  
LATROBE, PA 15650

P/N: 502148-99

SO# : **49786**  
DATE MFD: **05/14**



CHESTNUT RIDGE FOAM, INC.

443 WAREHOUSE DR.  
LATROBE, PA 15650

P/N: 502148-99

SO# : **49786**  
DATE MFD: **05/14**

CHESTNUT RIDGE FOAM, INC.

443 WAREHOUSE DR.  
LATROBE, PA 15650

P/N: 502148-99

SO# : **49786**  
DATE MFD: **05/14**